

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 3, 2009  
Date

/Nicholas J. DiCeglie, Jr./

Signature

Nicholas J. DiCeglie, Jr.

Typed or printed name of person signing Certificate

51,615

Registration Number, if applicable

(617) 239-0233

Telephone Number

Note: Each paper must have its own certificate of mailing.

Fee Transmittal (1 page)

Petition for Extension of Time (1 page)

Notice of Appeal (1 page)

Charge \$1160.00 to Deposit Account No. 04-1105

|   |               |                             |                        |
|---|---------------|-----------------------------|------------------------|
| <b>Effective on 12/06/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).</b> |               | <b>Complete if Known</b>    |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2009</b>  |               | <b>Application Number</b>   | 10/527,386-Conf. #2246 |
|   |               | <b>Filing Date</b>          | November 17, 2005      |
|   |               | <b>First Named Inventor</b> | Heike Gielen-Haertwig  |
|   |               | <b>Examiner Name</b>        | J. H. Murray           |
|   |               | <b>Art Unit</b>             | 1624                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |               | <b>Attorney Docket No.</b>  | 81646(303989)          |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | (\$) 1,160.00 |                             |                        |

|  |   |   |                               |
|--|---|---|-------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |   |                               |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order                    | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____  |   |   |                               |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 04-1105   | Deposit Account Name: Edwards Angell Palmer & Dodge LLP |                               |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |   |                               |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |   |                               |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |   |                               |

| FEE CALCULATION                               |              |          |              |          |                  |          |                |
|---|--------------|----------|--------------|----------|------------------|----------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |              |          |              |          |                  |          |                |
| Application Type                              | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|   | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility                                       | 330          | 165      | 540          | 270      | 220              | 110      |                |
| Design  | 220          | 110      | 100          | 50       | 140              | 70       |                |
| Plant   | 220          | 110      | 330          | 165      | 170              | 85       |                |
| Reissue                                       | 330          | 165      | 540          | 270      | 650              | 325      |                |
| Provisional                                   | 220          | 110      | 0            | 0        | 0                | 0        |                |

| 2. EXCESS CLAIM FEES                               |              |          |
|--|--------------|----------|
| Fee Description                                    | Small Entity | Fee (\$) |
| Each claim over 20 (including Reissues)            |              | 52       |
| Each independent claim over 3 (including Reissues) |              | 26       |
| Multiple dependent claims                          |              | 220      |
|  |              | 110      |
|  |              | 390      |
|  |              | 195      |

| Total Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP   | x            | =        |               |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20.      |              |          |               |                           |          |               |
| Indep. Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| - 3 or HP  | x            | =        |               |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3. |              |          |               |                           |          |               |

| 3. APPLICATION SIZE FEE   |              |  |          |               |  |
|---|--------------|--|----------|---------------|--|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |  |          |               |  |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |  |
| - 100 =   | /50 =        | (round up to a whole number) x                   | =        |               |  |

| 4. OTHER FEE(S)                      |  | Fees Paid (\$) |
|--------------------------------------|--|----------------|
| Non-English Specification,           | \$130 fee (no small entity discount)             |                |
| Other (e.g., late filing surcharge): | 1253 Extension for response within third month** | 620.00         |
|                                      | 1401 Notice of appeal                            | 540.00         |

|                     |                             |                                      |                |
|---------------------|-----------------------------|--------------------------------------|----------------|
| <b>SUBMITTED BY</b> |                             |                                      |                |
| Signature           | /Nicholas J. DiCeglie, Jr./ | Registration No.<br>(Attorney/Agent) | 51,615         |
| Name (Print/Type)   | Nicholas J. DiCeglie, Jr.   | Telephone                            | (212) 308-4411 |
|                     |                             | Date                                 | March 3, 2009  |

\*\*On February 3, 2009, Applicant submitted \$490, representing the fee for a two-month extension: \$1110.00 (fee for three-month extension)-\$490.00=\$620.00.